## Exhibit H

## REPORT OF FINAL SALE

California Debt and Investment Advisory Commission 915 Capitol Mall, Room 400, Sacramento, CA 95814 P.O. Box 942809, Sacramento, CA 94209-0001 Tel.: (916) 653-3269 FAX: (916) 654-7440

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CDIAC#:

Under California Government Code Section 8855(i), "The issuer of any new public debt issue shall, not later than 45 days after signing of the bond purchase contract in a negotiated or private financing, or after the acceptance of a bid in a competitive offering, submit a report of final sale and official statement to the Commission. The Commission may require information to be submitted in the report of final sale that is considered appropriate."

ISSUER NAME: MENDOCINO COAST HEALTH CARE DISTR	ICT
(If pool bond, list participants)	
ISSUE NAME: 2011 HIT/EHR Taxable Promissory Notes	
IF THIS A POOLED FINANCING, WHICH ISSUANCE STATUTE IS IT AUTHORIZED UNDER?	
1) Marks-Roos local Bond Pooling Act 2) JPA Law 3) Installment Sales Agreement, Lease 4) Housing Revelopment Bond Law 5) Other	nue Bond Law & Industrial
WILL VALIDATION ACTION BE PURSUED: ⊠ No ☐ Yes ☐ Unknown	
ACTUAL SALE DATE: December 8, 2011 PRINCIPAL SOLD: \$2,500,000.00	
IS ANY PORTION OF THE DEBT FOR REFUNDING?   No Yes, refunding amount (including costs) \$	***************************************
Issuer Contact:	
Name: Raymond Hino	
Title: Chief Executive Officer	
Address: 700 River Drive, Fort Bragg, CA 95437	
Phone: 707-961-1234 <b>ISSUER LOCATED IN</b> Me	ndocino COUNTY
Filing Contact: Name of individual representing and may be contacted for information:  Name: Brian D. Quint  Firm/Agency: Quint & Thimmig LLP	Underwriter who completed this form
Address: 575 Market Street, Suite 3600 , San Francisco, CA 94105	
Phone: (415) 765-1550 <b>E-mail:</b> bquint@qtllp.com	
Plutho Floot	
Send acknowledgment/copies to: Blythe Fleet	
Name of individual to whom an invoice for the CDIAC issue fee should be sent: 2	
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Name of individual to whom an invoice for the CDIAC issue fee should be sent: <sup>2</sup> Name: Steven P. Henry	
Name of individual to whom an invoice for the CDIAC issue fee should be sent: 2  Name: Steven P. Henry  Title: Director, Treasury Investment Management	

<sup>&</sup>lt;sup>1</sup> Section 53583(c)(2)(B) of the California Government Code requires that any local agency selling refunding bonds at private sale or on a negotiated basis shall send a written statement, within two weeks after the bonds are sold, to the CDIAC explaining the reasons why the local agency determined to sell the bonds at a private sale or on a negotiated basis instead of at public sale.

<sup>&</sup>lt;sup>2</sup> This fee is authorized by Section 8856 of the California Government Code and is charged to the lead underwriter or purchaser of the issue. The fee is administratively set by the Commission. The current fee schedule may be obtained from CDIAC.

CDIAC: Report of Final Sale			Page 2
FINANCING PARTICIPANTS (Firm name)	OFFICE LOCATION (City/S	State)	
FINANCIAL ADVISOR: Caldwell Flores Winters	Emeryville, CA		
LEAD UNDERWRITER/PURCHASER: UHG of California	Cypress, CA		
BOND COUNSEL: Quint & Thimmig LLP			
TRUSTEE/PAYING AGENT: The Bank of New York Mellon Trust	San Francisco, CA		
MATURITY SCHEDULE	Los Angeles, CA	Los Angeles, CA	
	IS THE INTEREST ON THE DEBT EXEMPT		
MATURITY STRUCTURE  ☐ Serial (S) ☐ Term (T)	FROM TAXATION?  Under State Law: ☐ No (taxable) ☐ Yes (tax-exempt)  Under Federal law: ☐ No (taxable) ☐ Yes (tax-exempt)  If the issue is federally tax-exempt, is interest a specific preference		
Serial and term bonds or two or more term (B)	item for the purpose of alternati	ive minimum tax?	Yes No
FINAL MATURITY DATE: 12/1/2016	TRITUDE CONTINUE NIC	⊠TIC □ Var	int.i.
FIRST OPTIONAL CALL DATE: 1/1/2012			
<b>SENIOR/SUBORDINATE STRUCTURE</b> ☐ Yes ⋈ No	INTEREST COST:	3.75	<b>%</b>
OFFICIAL STATEMENT/OFFERING MEMORANDUM:	CAPITAL APPRECIATION BO	ND: ∐ Yes ∐ N	10
☐ Enclosed ⊠ None prepared	ISSUANCE COSTS AND FEES:		
WAS THE ISSUE INSURED OR GUARANTEED?	A) Management Fee	\$	
No Bond Insurance (I)	B) Total Takedown	\$	
Letter of Credit (L)	C) Underwriter Expenses	\$	
☐ State Intercept Program (T) ☐ Other (0)	Underwriter Spread or Discount \$		
CHADANTOD.	D) Bond Counsel	\$	N/A
GUARANTOR:	E) Disclosure Counsel	\$	N/A
ENHANCEMENT EXPIRATION DATE:	F) Financial Advisor	\$	N/A
INDICATE CREDIT RATING:	G) Rating Agency	\$	N/A
(For example, "AAA" or "Aaa")	H) Credit Enhancement	\$	N/A
<ul><li>Not Rated</li><li>☐ Rated</li></ul>	I) Trustee Fee	\$	N/A
Standard & Poor's:	J) Other Expenses	\$	N/A
Fitch:	Total Issuance Costs		
Other:		\$	
REASON FOR NEGOTIATED REFUNDINGS  If the issue is a negotiated refunding, indicate the reason(s)		K) ORIGINAL ISSUE PREMIUM \$	
why the bonds were issued at a private or negotiated versus a	L) ORIGINAL ISSUE DISCOU	NT\$	
competitive sale.  [1] Timing of the sale provided more flexibility than a public sale	M) NET ORIGINAL ISSUE	\$	
(2) More cost savings were expected to be realized than a public sale	DISCOUNT/PREMIUM		
(3) More flexibility in debt structure was available than a public sale			
(4) Issuer able to work with participants familiar with issue/r than a public sale			

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(5) All of the above

(6) Other (please specify)

## MENDOCINO COAST HEALTH CARE DISTRICT 2011 HIT/EHR Taxable Promissory Note

Maturity Date	Principal	Interest
(December 1)	<u>Amount</u>	<u>Rate</u>
2014	\$802,850	3.75%
2015	832,957	3.75
2016	864,193	3.75